## Californians for a Stronger America 150 Broadway, Suite 1011 New York, New York 10038 RECEIVED 20/2 JUL -2 PM 2: 48 FEC MAIL CENTER

July 1, 2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization

Californians for a Stronger America – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Julie Pyun Treasurer

## 12030830005

FEC FORM 1

## STATEMENT OF ORGANIZATION

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2012 JUL -2 PM 2:48

F.E.Office(Use) Only P. 17 T.

NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5											
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3. FEC IDENTIFICATION NU	IMBER														
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)												
I certify that I have examined th	is Stater	nent and to the best	t of my knowledge and belief	it is true, correct an	d complete.										
Type or Print Name of Treasure	. <u>Julie</u>	e Pyun													
Signature of Treasurer		gliffer		Date 0 7	0 1 2 0 1 2										
NOTE: Submission of false, errone			may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437g.										
Office Use Only			For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)										

	FEC Fo	m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Can	678289879	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name Cand			
	didate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name Cand	e of didate		
Parl	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee	onnected organization
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		Part Comments of the Comments	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or pa
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
		The decision of the control of the c	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	Remail .	This committee collects contributions, pays fundraising expenses and disburses net proceeds for	
<b></b>	L	committees/organizations, none of which is an authorized committee of a federal candidate.	
	Con	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
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FEC Form 1 (Revise	sed (12/2009)	Page 3					
Write or Type Committee N		Page 3					
Californians for a Strong	iger America						
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor					
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	CITY STATE Z	IP CODE					
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in poss	ession of committee					
Full Name [J <sub>1</sub> u <sub>1</sub>	[ <sup>1</sup> , <sup>1</sup> , e, , <sup>p</sup> , y, u, n, , , , , , , , , , , , , , , , ,	11111					
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Title or Position	CITY STATE Z	IP CODE					
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Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the name.g., assistant treasurer).	e and address of					
Full Name of Treasurer	lije, ppyun, , , , , , , , , , , , , , , , , , ,	<del></del>					
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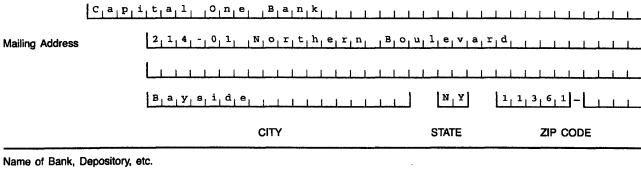
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

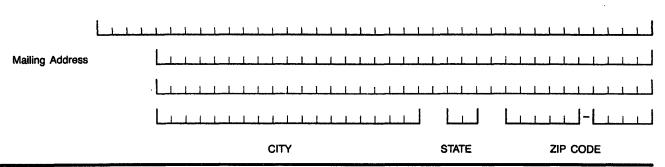
Name of Bank, Depository, etc.

Title or Position

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(3/2005)